UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

TEMPORARY

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

3235-0076 OMB Number: Expires: November 30, 2008 Estimated average burden hours per response . . . 4.00



Name of Offering (check if this is an amendment and name has changed, and indicate change.)	CCC Mail December				
Offering of Limited Partnership Interests	SEC Mail Processing				
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6)	ULOE Section				
Type of Filing: □ New Filing 🗵 Amendment	IAN 147009				
A. BASIC IDENTIFICATION DATA	समार । च ्				
Enter the information requested about the issuer	Washington, CC				
Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.	111				
Freestone Capital Partners L.P					
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)				
c/o Freestone Investments LLC, 1191 Second Avenue, Suite 2100, Santa A 1885ED	(206) 398-1100				
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)				
(if different from Executive Offices) JAN 28 2009					
Brief Describing of Business					
Private investment company					
Type of Business Organization HUNDON other (please	specify): Cayman Islands exempted				
☐ corporation ☐ limited partnership, already formed company					
□ business trust □ limited partnership, to be formed					
Month Year					
Actual or Estimated Date of Incorporation or Organization: 0 7 0 0					
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State;					
. CN for Canada; FN for other foreign jurisdiction)					

GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17 CFR 239.500T) that is available to be filed instead of Form D (17 CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 CFR 239.500T) or an amendment to such a notice in paper format on or after September 15. 2008 but before March 16, 2009. During that period, an issuer also may file in paper format an initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using Form D (17 CFR 239.500) and otherwise comply with all the requirements of § 230.503T.

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. The copy not manually signed must be a photocopy. Of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (9-08)

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers;
 and

Each general and managing partner of partnership issuers.						
Check Box(es) that Apply: ☐ Promoter ☐	Beneficial Owner	[] Executive Officer	☐ Director	□ General and/or Managing Partner		
Full Name (Last name first, if individual) Freestone Investments LLC						
Business or Residence Address (Number and Stro 1191 Second Avenue, Suite 2100, Seattle, WA 9810		ode)				
Check Box(es) that Apply: ☐ Promoter	□ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner		
Full Name (Last name first, if individual) Freestone Capital Management LLC						
Business or Residence Address (Number and Stro 1191 Second Avenue, Suite 2100, Seattle, WA 9810		ode)				
Check Box(es) that Apply: ☑ Promoter	☐ Beneficial Owner	Executive Officer of General Partner	☐ Director	☐General and/or Managing Partner		
Full Name (Last name first, if individual) Furukawa, Gary						
Business or Residence Address (Number and Streeto Freestone Investments LLC, 1191 Second Avenue						
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer of General Partner	□ Director	☐General and/or Managing Partner		
Full Name (Last name first, if individual) Greene, Janice						
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Freestone Investments LLC, 1191 Second Avenue, Suite 2100, Seattle, WA 98101						
Check Box(es) that Apply: ☐ Promoter		☐ Executive Officer	☐ Director	☐General and/or Managing Partner		
Full Name (Last name first, if individual) Freestone Capital Holdings LLC						
Business or Residence Address (Number and Str 1191 Second Avenue, Suite 2100, Seattle, WA 9810		ode)				
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner		□ Director	☐General and/or Managing Partner		
Full Name (Last name first, if individual) Morgan, Erik Konrad	·					
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Freestone Investments LLC, 1191 Second Avenue, 2100, Seattle, WA 98101						
Check Box(es) that Apply: Promoter	■ Beneficial Owner	☐ Executive Officer	□ Director	☐General and/or Managing Partner		
Full Name (Last name first, if individual)	·	· 				
Sienna Financial Services, LLC						
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Freestone Capital Holdings, LLC, 1191 Second Avenue, Suite 2100, Seattle, WA 98101						

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

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		A. BASIC IDENTIFICA	TIO	N DATA		
 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and 						
• Each general and mar Check Box(es) that Apply:	Promoter □	Beneficial Owner □		Executive Officer	□ Director	☐General and/or
Check box(es) that Apply.	Li Fromotei	₩ Belleficial Owlier	Ц	Executive Officer	□ Director	Managing Partner
Full Name (Last name first, it The Sienna Group, LLC	f individual)					
Business or Residence Addre c/o Freestone Capital Holdings	•			/A 98101		
Check Box(es) that Apply:	□ Promoter	⊠ Beneficial Owner		Executive Officer	□ Director	☐General and/or Managing Partner
Full Name (Last name first, it Sienna Management LLC	f individual)				·	
Business or Residence Addre				/A 98101		
Check Box(es) that Apply:	☐ Promoter	■ Beneficial Owner		Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, in Svenson, Scott Trimble	f individual)					
	Business or Residence Address (Number and Street, City, State, Zip Code) c/o Freestone Capital Holdings, LLC, 1191 Second Avenue, Suite 2100, Seattle, WA 98101					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		Executive Officer	□ Director	☐General and/or Managing Partner
Full Name (Last name first, i	f individual)					
Business or Residence Addre	Business or Residence Address (Number and Street, City, State, Zip Code)					
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner		Executive Officer	☐ Director	☐General and/or

Managing Partner

☐General and/or Managing Partner

□ Beneficial Owner

□ Executive Officer

□ Director

Full Name (Last name first, if individual)

Full Name (Last name first, if individual)

Check Box(es) that Apply:

Business or Residence Address (Number and Street, City, State, Zip Code)

□ Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

B. INFORMATION ABOUT OFFERING					
Yes 1. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.	No ⊠				
2. What is the minimum investment that will be accepted from any individual?					
	\$500,000 Yes No				
3. Does the offering permit joint ownership of a single unit?					
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. N/A					
Full Name (Last name first, if individual)					
BATHGATE CAPITAL PARTNERS LLC (CRD # 38923)					
Business or Residence Address (Number and Street, City, State, Zip Code) 5350 SO. ROSLYN STREET, SUITE 400, GREENWOOD, VILLAGE, CO 80111-2124					
Name of Associated Broker or Dealer					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)					
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]					
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]					
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] (ND] [OH] [OK] [OR] [PA]					
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]					
Full Name (Last name first, if individual)					
Business or Residence Address (Number and Street, City, State, Zip Code)					
Name of Associated Broker or Dealer					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers					
(Check "All States" or check individual States)					
[AL] (AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] {ID}					
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]					
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [PA]					
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual)					
Business or Residence Address (Number and Street, City, State, Zip Code)					
Name of Associated Broker or Dealer					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers					
(Check "All States" or check individual States)					
[AL] {AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] {LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]					
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]					
[RT] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WT] [WY] [PR]					

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES	AND USE OF	PROCEEDS
1. Enter the aggregate offering price of securities included in this offering and the total an already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange of ing, check this box and indicate in the column below the amounts of the securities.	offer-	
fered for exchange and already exchanged.		
Type of Security	Aggregate Offering Pr	
Debt	•	\$ -0-
Equity:		<u> </u>
□ Common □ Preferred		
Convertible Securities (including warrants)	\$ -0-	\$ -0-
Partnership Interests		
Other (Specify)	\$ <u>-</u> 1,000,000,0	\$ -0-
Total	\$ 1,000,000,0	
	⊅ <u>1,000,000,0</u>	3 03,110,000
Answer also in Appendix, Column 3, if filing under ULOE		
2. Enter the number of accredited and non-accredited investors who have purchased securing this offering and the aggregate dollar amounts of their purchases. For offerings under 504, indicate the number of persons who have purchased securities and the aggregate of amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Rule dollar	
	Number Investors	23 0
Accredited Investors	284***	\$ 89,415,605**
Non-accredited Investors		$-\frac{1}{8}$
Total (for filings under Rule 504 only)	-	- \$ N/A
Answer also in Appendix, Column 4, if filing under ULOE	10/74	Ψ 14/74
 If this filing is for an offering under Rule 504 or 505, enter the information requested f securities sold by the issuer, to date, in offerings of the types indicated, in the twelve months prior to the first sale of securities in this offering. Classify securities by type in Part C-Question 1. Type of offering 	e (12) listed . Type	Dollar Amount
	Security	
Rule 505		\$ <u>N/A</u>
Regulation A		\$ <u>N/A</u>
Rule 504	N/A	\$ N/A
Total	N/A	\$ N/A
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of issuer. The information may be given as subject to future contingencies. If the amount expenditure is not known, furnish an estimate and check the box to the left of the estimate and Engraving Costs	of the of an te.	□ \$ ⊠ \$ 1,000****
Legal Fees		
Accounting Fees		_ \$
Engineering Fees		<u> </u>
Sales Commissions (Specify finder's fees separately)		S
Other Expenses (identify) Filing fees		⊠ \$ 5,000****
Total	•••••	\$ 24,000****
*The issuer is offering an unlimited dollar amount of limited partnership interests to accredited investors. The issue	r does not expect to sell in	excess of \$1,000,000,000

in limited partnership interests. Actual sales may be significantly lower.

^{**} This amount represents the net asset value of the partnership interests of Freestone Capital Partners, LP as of September 30, 2008.

*** This amount represents the number of investors as of September 30, 2008 and does not include investors who have withdrawn their limited partnership interests since the inception of the offering.

****These amounts are estimates for expenses that occurred prior to the commencement of the offering. Similar expenses may be incurred in connection with the ongoing

offering.

	C. OFFERING PRICE, NUMBER	OF INVESTORS, EXPENSES	ANI	USE OF I	PRO	CEI	EDS
	b. Enter the difference between the aggregate Question 1 and total expenses furnished in resp the "adjusted gross proceeds to the issuer"	onse to Part C-Question 4.a. This different	nce is		<u>\$99</u>	9 <u>,976</u>	5 <u>,000*</u>
5.	Indicate below the amount of the adjusted proof for each of the purposes shown. If the am an estimate and check the box to the left of the equal the adjusted gross proceeds to the issue above.	ount for any purpose is not known, fu estimate. The total of the payments listed	urnish must				
				Payments to Officers, Directors, & Affiliates		-	ments To Others
	Salaries and fees	•••••		\$		\$	
	Purchase of real estate	•••••		\$ 0.00		\$	
	Purchase, rental or leasing and installation	of machinery and equipment		\$ 0.00	_ 🗆	\$	
	Construction or leasing of plant buildings	and facilities		\$ 0.00	□	\$	
	Acquisition of other businesses (including this offering that may be used in exchange						
	another issuer pursuant to a merger			\$ 0.00		\$	<u> </u>
	Repayment of indebtedness			\$ 0.00	_ 🗆	\$	
	Working capital			\$ 0.00	🗆	\$	
	Other (specify) Investment Capital		_ 🗆	\$ 0.00	_⊠	\$ <u>999</u>	9,966,000*
			_				
	Registration Costs			\$ 0.00	_ 🛛	\$	10,000
	Column Totals		🛛	\$ 0.00	_ 🛭	\$ <u>99</u>	9,976,000*
	Total Payments Listed (column totals adde	ed)	•••••	⋈	\$ <u>99</u>	9,976,0	000*
_	D.	FEDERAL SIGNATURE					
The	e issuer has duly caused this notice to be signed by	the undersigned duly authorized person.	If this	s notice is filed	unde	Rule	505, the
foll	owing signature constitutes an undertaking by thuest of its staff, the information furnished by the i	e issuer to furnish to the U.S. Securities a	nd Ex	change Comm	ission	ı, upo	n written
	uer (Print or Type) Stgnatt estone Capital Partners LP			24 2009	,		
		f Signer (Print or Type)	.cmpe	r 29 , 2008			
Jan	nice Greene Chief C	Compliance Officer of Freestone Investn	nents.	LLC. its gene	ra! P:	artne	r
		The state of the s		, 50110			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

*The issuer is offering an unlimited dollar amount of limited partnership interests to accredited investors. The issuer does not expect to sell in excess of \$1,000,000,000 in limited partnership interests. Actual sales may be significantly lower.

